

Assistive Technology Partnership Drug Free Workplace Policy Verification

I, _____ confirm that our company, _____
has a Drug Free Workplace Policy which stipulates:

- that our company does not allow alcohol or drugs during work hours or at the work site;
- corrective action will be taken against any employee who fails to follow our policy;
- and, that our employees have been informed of this policy.

Signature, Title

Date

Street Address

City, State

Zip

Federal ID number or Social Security number
needed for payment purposes